

DAIL Advisory Board October 10, 2013 Comfort Inn, Berlin

Attendees:

Board Members: Linda Berger, Max Barrows, Robert Borden, Beth Stern, Diane Novak, Steve Pouliot, Harriet Goodwin, Nancy Lang, John Pierce, Jim Coutts, Janet Cramer

Guests: Laura Pelosi, Marlys Waller, Jackie Majoros, Karen Schwartz, Kirsten Murphy, Ed Paquin, Virginia Milkey, Rich Atkinson

State Employees: Stuart Schurr, Mary Collins, Susan Wehry, Frances Keeler, Victoria Lloyd, Lisa Parro

Stuart Schurr, new DAIL Deputy Commissioner, was introduced to the Board. Stuart will be attending the monthly DAIL Advisory Board meetings.

Division of Licensing and Protection (DLP) – Frances Keeler, Assistant Division Director
In Vermont, the Division of Licensing and Protection's Survey and Certification Unit is federally funded; however, the staff are state workers. Due to the federal shutdown, the DLP Survey and Certification Unit is only able to do federally investigative work on complaints that will cause a person harm or that have an immediate jeopardy. All routine surveys are on hold; however, state survey work continues. In some states, surveyors have been furloughed.

Providers are aware of the types of situations that need to be reported and are doing a better job in providing information upfront on a complaint and they are completing their own investigation, which makes the system more robust than in the past.

In the past, there was a backlog of state surveys due to DLP staffing issues. This backlog was caught up in 2010, when all of the providers received a survey. In 2013, there has been an issue with completing all of the 2-year surveys due to staff turnover, and additional staff turnover is expected due to possible upcoming retirements.

Survey citations issued in Vermont are close to the average of other states, as well as the national average. Vermont has so few immediate jeopardy cases; it does not register on the data charts. (Immediate jeopardy means situations where there is a potential for serious harm or death.)

The Centers for Medicaid and Medicare Services (CMS) reviews DLP's work in two ways: the percent of deficiency statements, and they review cases to determine whether the survey

requirements were met. Sometimes, CMS does a follow-up survey at a facility 4-6 weeks after Vermont has completed a survey. The CMS reports have always concurred with Vermont's findings.

Survey and Certification Unit, in conjunction with the Vermont Health Care Association and DAIL, are emphasizing the initiative to reduce the use of antipsychotic medications in nursing homes and ensure they are used in an appropriate manner. In March 2012, CMS developed a national action plan to improve dementia care in nursing homes.

(http://doh.sd.gov/news/documents/CMS_DementiaResources.pdf) Michelle Champoux is a champion in the field who is working on OASIS trainings throughout Vermont for nursing homes and residential care homes. The OASIS training consists of educational sessions that aim to decrease the use of antipsychotic medication as a means of addressing disruptive behavior amongst nursing home residents with dementia. It is a cultural change initiative.

(<http://www.leg.state.vt.us/jfo/healthcare/Overview%20of%20OASIS%20program%20-%20November%202012.pdf>)

The Vermont Elder Justice Workgroup has created two sets of letters to the nursing home administrators. The first set of letters reiterated the rate of psychotic medicine use and encouraged them to look at the use of antipsychotic medicine use in their facility. The second set of letters was sent in July which congratulated some of the facilities in making a reduction in their rate and encouraged those without movement to look at the rate used in their facility. While a few rates increased between the 4th quarter of FFY2011 and the 1st quarter of 2013, it was noted that there was a decrease of 20.10% in the rates of use of long stay residents who have antipsychotic medicines as a prescription without a mental health diagnosis. However, Vermont is a small state; therefore, the percentages need to be looked at carefully.

There are a number of initiatives around fall rates; however, this is not included as an indicator with the antipsychotic initiative.

Commissioner Wehry's Updates

Personnel Updates

Currently there are 3 vacant positions in the Division of Licensing and Protection (DLP): DLP Director, APS Investigator, and a data position. There are 4 strong candidates for the DLP Director position and interviews will be held next week; interviews are currently taking place for the APS Investigator position; and there are 3 final candidates for the data position.

Stuart Schurr began his role as DAIL Deputy Commissioner on Monday.

About 9 months ago, the Division of Disability and Aging Services was divided into the Developmental Disability Services Division (DDSD) and the Adult Services Division (ASD). Camille George has been in her position as the DS Director for a while and things are going well. There has been a conscious focus on the integration across the department; however, this also seems to be working well.

DAIL was awarded 2 of the 19 State Innovation Model (SIM) grant positions which will be used for health care reform. DAIL is looking at how they may utilize these positions in the most efficient way. Clarification about the positions is expected to be completed by the end of the month and recruitment will begin.

Strategic Plan

Over the last 2 years DAIL has aligned its strategic plan with the AHS strategic plan, which is aligned to the Governor's strategic plan. SIM refers to the way the state will achieve the payment and delivery system for the initiatives of health care reform – better health, better care, and lower costs. There are 4 initiatives planned in Vermont for SIM: Dual demonstration project; ACO (outcome of the Medicaid Affordable Care Act) – an RFP inviting providers to partner with Medicaid, shared model was just issued last week; pay for performance; and bundled payments – person is a more active participant in their health care planning.

Reduction in poverty is one of the pieces of the strategic plan. The senior nutrition funds were cut due to sequestration. The Joint Fiscal Committee gave DAIL permission to use about \$170,000 toward the meal program. These funds have, or will be, issued soon to the Area Agencies on Aging, and a RFP has been issued to look at opportunities of meals and health.

Budget

The budget development for FY15 and budget adjustments for FY14 are taking place. DAIL has obtained a variety of input for the budget plan for Choices for Care reinvestment funds and is doing an analysis about the sustainability of using a portion of the funds for the moderate needs group.

DS update

This summer there was a DS workgroup assigned to review the DS delivery system and propose ways the system can accommodate the reduction of 2.5 million dollars without impeding services. The workgroup was not successful in finding ways to reduce the funding of \$2.5 million; however, it was successful in looking at the system and finding ways individuals may be able to live independently by looking at possible ways to increase housing options.

The Legislative DS Task Force (Imagine the Future Workgroup) has started to meet and is discussing where the DS system should be in 20 years and what needs to be done in the next 5 years to achieve this. There is a wide representation on the Task Force.

The tri-annual review of DS State System of Care Plan is moving forward. The local DAs and SSAs convene stakeholders and send this information to DAIL, which drafts a revised plan for review. The Developmental Services State Planning Committee takes a detailed look at the plan.

Other Items

Through legislation passed last year, the Self Determination Alliance was formed and it is working hard to find its voice and a way of representing constituent groups who rely on members

of the direct care workforce. Betty Militza is the chair of the Alliance. It has met and is in the informative stage.

The workforce development taskforce will look at what, if anything should be in place for direct care worker education/training. Information about licensure and certification requirements in other states is being obtained, and core knowledge, competencies and trainings are being considered. Workforce development for direct care workers is a priority as ensuring core competency for consumer directed individuals is important. A survey done in Vermont indicated that people receiving services, and the caregivers, want more training. A suggestion was made to look at the resources and information that have already been completed and move forward with this information, such as the information obtained in the Better Jobs, Better Care initiative, and the New York AARP has resources to help and provide guidance for individuals who are at home.

A question about the purpose of the DAIL Advisory Board and subcommittees was raised. The DAIL Advisory Board advises the department about issues. The Commissioner's intent is to notify the board about the directions DAIL is taking, her thinking on different issues, and looking at any gaps in the system. The DAIL Advisory Board's input has been used in the past to direct actions by DAIL. The Board has also written letters to the Governor. A couple years ago a DAIL Advisory Board orientation manual was created. This manual will be sent to the board. An acronym list would also be helpful, possibly grouped by category.

As part of the Adult Protective Services litigation settlement, 2 members of the former litigants will be appointed to the DAIL Advisory Board, and 2 ad hoc members will be part of the DAIL Advisory Board APS Workgroup.

Attendant Services Program - Mary Collins

There are 181 people on the Attendant Services Program (ASP). There is no case management in this program, so every person in this program must be capable of directing his/her attendant care services/needs. If a person is on the program and becomes unable to direct his/her own care, he/she may be able to be transferred to the Choices for Care Program. A person can not be on both ASP and Choices for Care. There is no financial requirement for the ASP program, and the person must be on Medicaid.

The application for ASP is sent to Mary Collins, and a pre-screening is completed. A person may have a financial guardian; however, if they were appointed a guardian for other reasons, they cannot be on the ASP program as he/she must direct his/her own services/needs. If all criteria are met and the person is eligible for the program, ARIS will send the individual an employer and employee packet, where the individual begins taking over services.

This spring, the ASP program revised its application process and forms which explain the criteria for hiring and refers individuals to resources such as VCIL, AAA, and rewardingwork.com. The eligibility committee, which reviewed every case for eligibility, has been disbanded. The eligibility process currently takes one month or less. An annual survey is completed, and the

advisory committee, which meets twice a year, will do a screening and sample of eligibility determination for quality and assurance. There has been a discussion of using one general assessment tool for multiple programs; this will be brought up at the next Advisory Committee meeting. Any feedback about the new application should be sent to mary.collins@state.vt.us

The maximum number of hours of services a person may receive on ASP is 13 hours/day. The average cost per person on ASP varies due to their needs.

A recently-completed consumer satisfactory survey showed some responses at 100%. While it would be wonderful to believe this, there was some concern by the attendees at the DAIL Advisory Board about people possibly giving answers they thought DAIL wanted to hear.

Adult Protective Service/Financial Exploitation Unit (FEU) - Victoria Lloyd

The Adult Protective Service Financial Exploitation Unit (FEU) investigates financial exploitation cases involving vulnerable adults and the elderly, is a liaison between APS and financial institutions, offers technical assistance, created the Financial Abuse Specialist Team (FAST), and coordinates the financial abuse prevention and intervention agenda for the US Attorney's Office Elder Justice Working Group.

FAST has created a newsletter format Fraud Alert, which will be sent to direct service providers of vulnerable adults and elders. The first Fraud Alert focused on how to prevent and mitigate the rerouting of Social Security benefits. Individuals can get more information regarding Social Security fraud at <http://oig.ssa.gov/newsroom/news-releases/may3advisory>. The Fraud Alert will typically explain current frauds, how to prevent and mitigate them, and offer resources for victims and direct service providers. Tori will send the first Fraud Alert out to everyone. The FEU will work with DAIL partners about a way to approach this newest fraud, including finding an approach to assist those who do not have access to the internet or have no experience with the internet.

The newest fraud alert is on the re-routing of Social Security benefits. Social Security is moving to an electronic system and recipients are required to set up an account. Perpetrators are imposing as Social Security and obtaining the necessary information to create the account for an individual and reroute the payments to a different account. The fraud alert explains to individuals what and how to go to the Social Security website and set up their account as soon as possible. Tori will send this alert out to everyone. The FEU will work with DAIL partners about a way to approach this newest fraud, including finding an approach to assist those who do not have access to the internet or have no experience with the internet.

The FEU is partnering with Vermont 2-1-1 to get fraud alerts out to individuals, and the FEU has a mailing list of about 1,000 people and organizations. Tori will add the DAIL Advisory Board members to this mailing list.

Board Updates

Michael Hall presented information on health care reform and how it will affect long term care services. Things will dramatically be changing in long term care services and how AAAs and senior centers get funding. Managed care will affect services using Medicaid funding. The Board is interested in having Michael Hall and someone from ACO or GMCB speak to the Board.

The COVE annual meeting will be held on November 8th, starting at 12:30. There will be a raffle fund raiser. Gini has posters available.

The companionship rule by the Department of Labor may be problematic for Vermont. In some systems, parents may be paid less than minimum wage, and the companionship functions have narrowed. The rule is effective as of January 2015. DAIL is doing an analysis on this.

Reports to the Board are helpful; however, some Board members would rather give input and suggestions. At the next Board meeting, 15 minutes will be given for the Board to review the DAIL Advisory Board procedures and the process of the board.